Nursing faculty practice: benefits vs costs

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The transfer of nurse education from the hospital setting to the university sector has increased the dichotomy between theory and practice. Nurse academics have been exploring methods of maintaining clinical competence and credibility through organizational structures such as faculty practice. Faculty practice is a formal arrangement which exists between a clinical setting and a university which allows nurse academics to consult and deliver client care resulting in research and scholarly outcomes. The most important advantage of faculty practice is its potential to contribute to nursing knowledge and validate theories through the use of reflective practice and professional journaling by nurse academics which can help demystify and analyse the intricate elements of nursing. Other advantages of faculty practice are described as improving student learning and client care through the application of advanced knowledge base and facilitation by a faculty member. It also facilitates communication with clinical staff and assists in the professional development of nurse academics. The major barriers which need to be addressed to facilitate faculty practice are the allocation of time in the nurse academic’s workload which incorporates consultation and faculty practice, organization and administrative support and the recognition of clinical competence in the promotion and tenure process of universities.

INTRODUCTION
With the transfer of nurse education from hospitals to universities, nurse academics have been challenged to maintain their clinical competence and credibility with clinical nurses and students. The teaching of nurses in universities has increased the dichotomy between nursing theory and practice. The dichotomy between theory and practice traditionally began with the teaching of nursing moving from the responsibility of clinical nurses to the responsibility of nurse educators. Nurse educators then usually spent the majority of their time teaching students in the classroom and therefore were often described by clinical nurses as living in ivory towers and setting unrealistic expectations for students, such as writing nursing care plans and performing holistic nursing assessments on clients. This tension has increased since nurse education has moved from hospitals to universities and may be decreased by nurse academics participating in faculty practice.

NURSING AS A DISCIPLINE
Nursing has been described as both an art and a science with the core component being nursing practice. Nursing is like a tapestry, with interrelated elements containing components connected by complex relationships (Gray & Pratt 1991). The knowledge of nursing is believed to be embedded in practice (Benner 1984) and has been defined ‘as the science and application from that science to the practice of nursing’ (Andrews & Roy 1986). The
metaparadigm of nursing is generally agreed by nurse scholars as the client, the environment, health and nursing. For the development of nursing as a discipline it is imperative that theory and practice have a tight nexus. The nature of this relationship has been described by McCaughery (1991) as, 'theory without practice is sterile and practice without theory is blind'.

Nursing theory
If the core component of nursing is practice, nursing theory must be developed through reflection and analysis of nursing practice. It is generally agreed by nurse scholars that the purpose of theory in nursing is to provide knowledge which guides practice, education, research (Ingram 1991), aids professional autonomy, identity and communication (Chinn 1991). Theory development empowers nursing by providing nurses with a rationale for their nursing care when they are challenged by society and aids the deliberate action for nurse's decision making. Nursing's ultimate aim of improving health care and client's health through the application of expert practice of a developing body of knowledge is supported through theory development. Nursing theory, practice and knowledge are strongly linked and dependent on each other and the relationship has been aptly described by Speedy (1989) as, 'Theory guides practice, theory is the source of practice and theory and practice inform each other'.

If nurse academics believe the core component of nursing and theory development is generated from practice, organizational structures are required in universities which allow nurse academics to maintain and develop clinical skills, understand the contextual influences of health care systems and improve nursing practice with the application of this advanced knowledge (Gerrish 1992). One organizational process which can bridge the gap between education, practice and theory is nurse academics participating in faculty practice.

Models of faculty practice
Models of faculty practice include unification, collaboration, integration, private practice and moonlighting (Steele 1991). In the unification model, the teaching and clinical responsibilities are organized through one administration, such as the previous model of nurse education which was conducted in hospital schools of nursing. The collaboration model is also called the joint appointment model and is where a faculty member holds a formal appointment in the clinical setting and the university and divide his/her time between the two settings.

The integration model is where the faculty member and the students provide direct client care in the clinical setting (Millonig 1986). Nursing centres in the USA are closely aligned to the integration model and are reported to allow faculty and students to participate in direct care of clients in a centre which is under the direction of the school of nursing. The nursing centres are an integral part of the nursing faculty which allows clinical research for staff and students, generates income, provides high-quality care to the community, visibility of faculty providing learning opportunities for students and clinical practice of faculty (Barger & Crompton 1991).

In the private practice model the faculty provide direct care to clients who may also have assigned students. The other faculty practice model which is often referred to as moonlighting, which has been mentioned previously, is where a nurse academic practises nursing which is not a formal arrangement between the university and the clinical setting. Moreover this type of practice does not have the major aim of research and scholarship as its outcome and therefore is not classified as faculty practice.

The most common type of faculty practice is where nurse academics have joint appointments between universities and clinical settings. For the joint appointment to be successful, the joint appointee requires commitment and energy to fulfil two jobs with different skills. Joint appointees have reported the role as rewarding to students and staff and improves client care through the
continuity of nursing services. The position is maintained through effective communication skills (Crane 1989).

DEVELOPMENT OF NURSING THEORY

One of the major advantages of nurse academics participating in faculty practice is its potential to assist in developing nursing theory and nursing as a discipline. Nursing is a profession and a discipline, which requires unity between education and practice (Algase 1986) with the aim of assisting the development of nursing as a discipline. A discipline is described as having specific boundaries and is characterized by unique perspective of viewing all phenomena, which defines the nature and limits of its enquiry (Donaldson & Crowley 1992). However, there is no universal agreement on the definition of the term ‘discipline’ in the literature when referring to nursing. Nursing can be viewed as a professional discipline because of its practical nature and its interrelativeness of research, professional practice and education. Since nursing is a professional discipline it is concerned with the generation and preservation of knowledge and the application of this knowledge to nursing which obtains its focus from society, since it is formed from societal need and is a service-orientated activity (McMurray 1982).

Faculty practice allows for the development of nursing theory from the knowledge embedded in practice. Traditionally the theories of nursing have been developed from the scientific method or received view which have not necessarily assisted the development of nursing as a discipline (Meleis 1991). The received view only accounts for empirical knowledge and does not accept other forms of knowledge found in nursing such as aesthetics and ethics. The development of nursing requires research which incorporates other patterns of nursing knowledge such as empirics (science), aesthetics (art), personal knowledge in nursing and ethics (Carper 1978). Also, nursing is in an early stage of development and does not have a scholarly tradition which is required following the received view. The perceived view incorporates these other forms of knowledge and therefore is more congruent with nursing practice (Street 1991). The received view has left nursing unable to explain, describe and fully understand nursing practice. Faculty practice is a method which can uncover the knowledge embedded in nursing practice utilizing the perceived method of research.

Reflective practice and professional journalling

Professionals can be disturbed if they cannot describe or account for the processes of their discipline and are required to teach these processes (Schön 1983). Reflection and professional journalling by nurse academics involved in faculty practice can help clarify these processes. Reflective practice aims to turn the thoughts and attention of an individual to (a) the act of thinking, (b) the content of thinking and (c) the validity of thought (Rotenstreich 1985). Reflection is not only a personal internal psychological process but occurs through the interaction of others, such the interactions in a clinical setting between staff and clients. It is also a social process which influences actions taken by individuals which result in outcomes which are informed and committed (Kemmis 1985).

The use of reflection by nurse academics encourage the analysis of knowledge in action which is often referred to as ‘intuition’. It can help define theories of nursing and assist in intervening and altering practice to improve clients’ health care. The reflective process uses effective and intellectual processes of the individual to engage in experience to gain new understandings in learning (Boud et al. 1985). The outcome from reflection influences the individual’s future experiences and decision-making processes.

The three stages of reflection are: preparation, where the experience is anticipated; the experience, which are sights and smells of the experience; and the documentation and processing of the experience (Boud et al. 1985). The components of the reflective process are as described as: returning to the experience, attending the feelings, and re-evaluating the experience which involves association, which is relating new data to known, integration which is seeking new relationships among data, validation is determining new ideas and feelings and appropriation is making knowledge one’s own (Boud et al. 1985).

During the process of reflective practice it is critical for nurse academics who are participating in faculty practice to partake in professional journalling which can assist in the analysis of their nursing practice. Professional journalling can identify themes in writing which can help describe and untangle the elements in nursing and therefore contribute to the development of nursing knowledge and theory. Reflection which is not acted upon is lost. Journalling can help the knowledge from the reflective process of faculty practice to be utilized.

The keeping of a professional journal can help nurse academics find a language which captures and describes nursing practice. The paradigm of nursing is believed to be shifting toward practice and documenting the reality of nursing can enable nurse academics to take charge of the critical analysis and decision making required for future developments in nursing (Street 1990).
Reflective writing through keeping a professional journal can allow nurse academics to become more sensitive observers, encouraging penetrating enquiry which focuses on the roles and directions of nursing (Holly 1987). Professional development can also be an outcome of professional journaling. Therefore, through the process of reflective practice and professional journaling, faculty practice can assist knowledge and theory development in nursing and the development of nursing as a discipline through the utilization of other methods of inquiry such as the perceived view.

Other advantages of faculty practice

There are other advantages of nurse academics participating in faculty practice. Nursing students have been found to have a higher self-esteem and self-concept, increased sense of internal control and have been able to integrate more theory to practice, and have been found to have a realistic perception of workload, when they are taught by a faculty member (Kramer et al. 1986). It is also reported that students apply research findings to their client care and have more professional behaviour than students who do not have a faculty facilitator (Kramer et al. 1986). The clinical case studies which are brought into the classroom by nurse academics participating in faculty practice are also valued by students (Breaden 1993). Client care can be improved through the application of advanced knowledge and research by faculty and students. Nurse academics in the clinical setting, through faculty practice, facilitate communication between the university and the clinical setting.

Professional development of faculty can occur through faculty fulfilling their personal and professional academic responsibilities (Hodgman 1991). The relevance of the curriculum (Fawcett & Carino 1989) can also be evaluated through faculty participating in faculty practice and a learning medium can be created which allows students to model the faculty members' practice (McKinnon 1988).

Faculty practice and universities

Universities and faculty practice have a consistent mission: namely, the generation of knowledge through research, the transmission of this knowledge through teaching and its application in practice (Starck et al. 1991). The professional development of academics is also a goal of universities. Faculty practice is an activity which can create an maintain faculty professional and personal development (Speedy 1990). Faculty practice may also provide a mechanism to reward nurse academics through promotion and tenure procedures (Just et al. 1989). The academic model normally has four criteria for promotion; research, scholarship, teaching and service. The professional model includes clinical competence. Nurses maintain their clinical competence through the practice of nursing (Wright 1993). Furthermore, if promotion and tenure are tied to faculty practice the value of clinical competence must first occur in the department through systems such as workload adjustment, negotiation of organization and administration support within the university. Moreover, for this process to occur it needs to be in line with other universities' promotion criteria and not an extra hurdle for nurse academics to jump over. The criteria for academic advancement should reflect the requirement of nurse academics (Wright 1993).

Barriers to faculty practice

Other strategies required for faculty practice are organizational supports such as a practice plan, the generation of funds and the formalizing of practice arrangements (Barger et al. 1992). It has been found that nurse academics can be more receptive to faculty practice than resistant if it is tied to promotion and tenure procedures which provide incentives and rewards for faculty practice (Herr 1989). Faculty practice can also generate funds for nurse academics and university departments.

If faculty practice can achieve all the stated advantages, why aren't all nurse academics involved in faculty practice? The general response by nurse academics is the issues of their heavy work overload and their unavailable time to participate in faculty practice. They also believe they do not have any administrative support and time for clinical practice and they may have a fear of practising in the clinical area after years away and may be unhappy about sharing the generated funds with the establishment (Williamson et al. 1990), although many nurse academics still participate in faculty practice, as well as trying to cope with the extra work demand. If nurse academics are involved in faculty practice and do not have any organizational support and commitment from the department, they may experience role strain (Stainton et al. 1989) and role overload which can lead to burnout (Lambert & Lambert 1988). The work overload and inequity has been cited as the foremost element which can cause burnout for nurse academics participating in faculty practice (Langemo 1988).

Other barriers to faculty practice are finding agencies who are prepared to hire nurse academics for a limited time on an irregular basis and also they question the legitimacy of the inconsistent clinical practice (Millonig
1986) and the lack of recognition from the university for promotion and tenure of faculty. Resentment of faculty not involved in faculty practice and the inequality of salaries between the clinical setting and the university are also described as barriers to faculty practice.

**Requirements necessary to facilitate faculty practice**

For faculty practice and commitment to nursing practice to become an integral part of the nurse academic's role, workload adjustments need to be incorporated into the present university process, such as the allocation of time for consultation and faculty practice: organizational support and administrative support are also required. Other requirements to facilitate faculty practice are collaboration between universities and clinical settings, job security through the recognition of clinical competence for promotion and tenure as well as evidence of scholarly outcomes from the integration of teaching, practice and research (Royle & Crooks 1986). Faculty practice can gain momentum from a small group of committed faculty members.

**CONCLUSION**

Faculty practice needs to be an integral component of the nurse academic's role which can assist the development of nursing knowledge and theory and the advancement of nursing as discipline. This can only occur if there is commitment to nursing practice by nursing departments and universities. Organizations' structures are required to facilitate and empower nurse academics to maintain their clinical competence and improve student learning by more effective integration of theory to practice.

There are many untapped rewards for nurses, academics, nursing students and clients if structures are created which enable faculty to participate in faculty practice successfully. If these pathways are created commitment to nursing practice through faculty practice can become a reality instead of an ideal.

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